



## **Texas Department of Insurance**

### **Division of Workers' Comp**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

MILLENNIUM CHIROPRACTIC  
615 N O'CONNOR RD # 12  
IRVING TX 75061

DWC Claim #:  
Injured Employee:  
Date of Injury:  
Employer Name:  
Insurance Carrier #:

#### **Respondent Name**

TEXAS MUTUAL INSURANCE CO

#### **Carrier's Austin Representative Box**

Box Number 54

#### **MFDR Tracking Number**

M4-10-4522-01

### **REQUESTOR'S POSITION SUMMARY**

Requestor's Position Summary: "...First, regarding Chiropractic Manipulation Therapy code 98941, this treatment does NOT require pre-authorization. The denial code on the EOB used to deny payment of that service was (197) 930, which states that [name] had to have pre-authorization prior to administering that treatment. That is false. Chiropractic manipulation does NOT require pre-authorization. Therefore, this denial code used by the carrier is invalid and Texas Mutual MUST pay for that therapy for every date of service in dispute.

Second, Texas Mutual has fraudulently altered/changed two Pre-Authorization requests/treatment plans submitted by [name], the Requestor, AFTER they had already been negotiated by the Requestor and the carrier. Texas Mutual changed the conditions of the negotiated agreement AFTER the fact, and is now attempting to impose their own, unilateral changes to the original agreement in an effort to fraudulently deny payment of services that were verbally approved. Again, the dates of service listed above cover two separate pre-authorization requests..."

**Amount in Dispute:** \$1,909.38\*

### **RESPONDENT'S POSITION SUMMARY**

Respondent's Position Summary: "The following is the carrier's statement with respect to this dispute.

1. It appears the requestor has two issues: Texas Mutual altered the mutually agreed upon preauthorization and chiropractic codes do not require preauthorization (See requestor's DWC-60 packet.)
2. Both preauthorizations were mutually agreed upon either by the requestor himself or his designee. (Exhibit)
3. The EOBs (See requestor's DWC-.60 packet) reflect at the very least payment of what was authorized and in some instances more than what was authorized. Texas Mutual believes no further payment is due."

**Response Submitted by:** Texas Mutual Insurance; 224 W. Sixth Street; Austin, TX 78704

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 21, 2009	97140-59-GP	\$117.16	\$36.00
December 23, 2009	97110-GP(1 unit ea day)	\$117.16	\$36.00
December 28, 2009	98940	\$117.16	\$36.00
December 30, 2009		\$117.16	\$36.00

January 4, 2010	97140-59-GP	\$117.47	\$36.00
January 6, 2010	97110-GP(1 unit ea day)	\$117.47	\$36.00
January 11, 2010	98940	\$117.47	\$36.00
January 13, 2010		\$117.47	\$36.00
January 14, 2010		\$117.47	\$36.00
January 18, 2010	97110-GP(1 unit ea day) 98940	\$76.99	\$36.00
January 20, 2010	97110-GP(1 unit ea day)	\$122.40	\$36.00
January 21, 2010	98940	\$122.40	\$36.00
January 28, 2010		\$122.40	\$36.00
February 1, 2010	97110-GP(1 unit ea day)	\$136.40	\$00.00
February 3, 2010	98941	\$136.40	\$00.00
February 4, 2010		\$136.40	\$00.00

### ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

\* The requestor listed \$1,922.64 as the total disputed amount; however, the actual total is \$1,909.38.

#### **Background**

1. 28 Texas Administrative Code §133.305 sets out the procedures for a medical fee dispute to be resolved through medical dispute resolution.
2. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
3. 28 Texas Administrative Code §134.600 sets out the guidelines for preauthorization, concurrent review, and voluntary certification of health care.
4. 28 Texas Administrative Code §134.203 sets out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
  - 197 - Precertification/authorization/notification absent
  - 930 - Pre-authorization required. Reimbursement denied
  - W4 – No additional reimbursement allowed after review of appeal/reconsideration
  - 891 - No additional payment after reconsideration
  - Additional note – approved PT sessions are limited to a single session per; and session is limited to 45 minutes to 1 hour duration. No more than 4 CPT codes per session & no more than 45 minutes of cumulative timed codes.

#### **Issues**

1. Did the requestor obtain preauthorization for physical therapy as required by 28 Texas Administrative Code §134.600?
2. Do CPT codes 98940(1-2 regions) and 98941(3-4 regions) require preauthorization and did the requestor seek and obtain voluntary preauthorization for CPT codes 98940 and 98941?
3. Is the requestor entitled to additional reimbursement?

#### **Findings**

1. The requestor submitted documentation to support their request for preauthorization. The request letter dated December 15, 2009 states, "...request for...**Chiropractic Spinal Adjustments (98941); Joint Mobilization (97140-59); Myofascial Therapy (97140-59); Rehabilitative Exercises - 4 units (97110); "Russian" Electric Muscle Stimulation (G0283); Neuromuscular Re-Education (97112-59)** ...to be administered 3 times per week for 4 weeks, beginning December 21, 2009."

2. The respondent's preauthorization approval letter dated December 21, 2009 denied Chiropractic 3xWk x 4Wks 98941. The respondent gave approval for Physical Therapy/Chiro 3xWk x 4Wks 97140, 97110, 97112 plus 98940. The preauthorization approval letter further stated, "Per Physician Advisor, non authorization given for Chiropractic Spinal Adjustment 98940 3 x a week for 4 weeks... PHYSICAL/OCCUPATIONAL THERAPY IS PREAUTHORIZED. Per mutual agreement with [name] effective 12.22.09 to 01.31.10 97140 97110 G0283 97112 at Millennium Chiropractic, requested by [name], preauthorization is given for AND, the approved physical/occupational therapy sessions/visits are limited to a SINGLE SESSION PER DAY, FOR THE COMPENSABLE INJURY (ALL BODY AREAS) and, that session is limited to 45 minutes to 1 hour duration, no more than 4 CPT codes (97 codes) per session and no more than 45 minutes of cumulative timed codes."
3. Therefore, no additional reimbursement is recommended for CPT codes 97140-59-GP and 97110-GP rendered on the disputed dates of service December 21, 23, 28, and 30, 2009 because the time parameters have been exceeded.
4. Furthermore, the 'Reviewer comments' included in the respondent's preauthorization approval letter dated December 21, 2009 states in part, "...[name] has requested chiropractic manipulation 3-4 areas. I spoke with [name] on 12/17/09 and we discussed that the diagnoses does not support manipulation 3-4 areas. Recommend non-certification. [name] acknowledged this recommendation as appropriate. Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines above, this request for Chiropractic Spinal Adjustments 98941 3 x a week for 4 weeks is not medically necessary and is not certified."
5. Although CPT codes 98940 and 98941 do not require preauthorization according to Division rule at 28 Texas Administrative Code §134.600; the rule states at paragraph (r), "The requestor and carrier may voluntarily discuss health care that does not require preauthorization or concurrent review under subsections (p) and (q) of this section respectively." The requestor sought voluntary preauthorization for CPT code 98941 only; however, it was denied. Instead, the respondent added CPT code 98940 along with the physical therapy codes. The requestor did not seek voluntary preauthorization for CPT code 98940. Recommend reimbursement for CPT code 98940 for the disputed dates of service December 21, 23, 28, and 30, 2009 and January 4, 6, 11, 13, 14, 18, 20, 21, and 28, 2010.
6. Per 28 Texas Administrative Code §134.203, the maximum allowable reimbursement (MAR) calculation is as follows for CPT code 98940:  
 2009:  $\$53.68 \div 36.0666 \times \$24.72 = \$36.72$  (requestor seeking \$36.00 each day)  
 2010:  $\$54.32 \div 36.8729 \times \$24.59 = \$36.22$  (requestor seeking \$36.00 each day)
7. The Division reviewed the second preauthorization request letter dated January 27, 2010. The request was for "...**Chiropractic Spinal Adjustments (98941); Joint Mobilization (97140-59); Myofascial Therapy (97140-59); Rehabilitative Exercises - 4 units (97110); "Russian" Electric Muscle Stimulation (G0283); and Neuromuscular Re-Education (97112-59)** ...to be administered 2 times per week for 2 weeks (total of 4 visits), beginning February 1, 2010...
8. The respondent's preauthorization approval letter dated January 28, 2010 gave approval for Physical Therapy 2xWk x 2Wks 97140 97110 G0283 97112 (Chiropractic 98941 – omit). The preauthorization approval letter further stated, "...Per mutual agreement with [name], preauthorization is given for Physical Therapy 2xWk x 2Wks 97140 97110 G0283 97112 (Chiropractic 98941-omit) per [name] to be completed at Millennium Chiropractic between 1/28-2/19/10 AND, the approved physical/occupational therapy sessions/visits are limited to a SINGLE SESSION PER DAY, FOR THE COMPENSABLE INJURY (ALL BODY AREAS) and, that session is limited to 45 minutes to 1 hour duration, no more than 4 CPT codes (97 codes) per session and no more than 45 minutes of cumulative timed codes."
9. Therefore, no additional reimbursement is recommended for CPT code 97110 rendered on the disputed dates of service February 1, 3, and 4, 2010 because the time parameters have been exceeded. CPT code 98941 was voluntarily requested and denied; therefore, no reimbursement recommended for this code.

## **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$468.00.

## **ORDER**

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent

to remit to the requestor the amount of \$468.00 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

**Authorized Signature**

		September	2011
Signature	Medical Fee Dispute Resolution Officer		

***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin Texas 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**